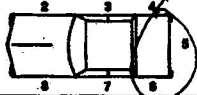
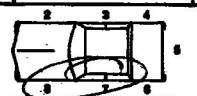


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-13719		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.							
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 7/21/16		DAY: Thu		TIME: MILITARY 1811									
CRASH OCCURRED ON 1525 Genotown Drive						WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE													
LOG-1		LOG-2		LOC JUR FH9 FILT															
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Progressive													
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Staten, Lucas				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 580 W. Market Street, Springboro, OH															
PHONE NO. 937-903-9819		BIRTH DATE 4/4/90		AGE 26 M		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. TB004940		OCCUPATION N/A							
OWNER (IF SAME AS DRIVER, WRITE SAME) Staten, Lucas				ADDRESS Same				PHONE Same											
VEH YR 2007		MAKE Honda		MODEL ZD		COLOR Blue		STYLE 2D		STATE OH		LICENSE PLATE NO. FAS4469		TOWING SERVICE N/A		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Western Reserve													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Taylor, Christina				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9560 Maple Drive, Loveland, OH 45140															
PHONE NO. 513-706-8671		BIRTH DATE 8/11/74		AGE 41 F		SEX F		SOCIAL SECURITY NO. N/A		STATE OH		DRIVER'S LICENSE NO. RT39926		OCCUPATION N/A					
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same											
VEH YR 2004		MAKE Ford		MODEL SUV		COLOR BIK		STYLE SUV		STATE OH		LICENSE PLATE NO. GHU6671		TOWING SERVICE N/A		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES					
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				PHONE		SEX		A B C D E F				CONDITION					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS				PHONE		SEX		A B C D E F				ALCOHOL					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		A B C D E F				A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
		ADDRESS				PHONE		SEX		A B C D E F				TESTED TESTED					
A B C		INJURED TAKEN TO				By				A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
D E F		INJURED TAKEN TO				By				A B C D E F				A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
A B C		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					
D E F		OFFENSE CHARGED AND DESCRIPTION				By				A B C D E F				A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
A B C		RECEIVED CALL 1811				DISPATCHED 1812		ARRIVED 1821		CLEARED 1832		OTHER TIME 0000		TOTAL MINUTES 0011		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
D E F		DATE REPORT FILED 7/21/16				PHOTOS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		OFFICER'S NAME E. Holmes		BADGE NO. PIZZ		CHECKED BY		A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					